



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD006301840

REACKNOWLEDGEMENT

WITCO CHEMICAL CORP.  
PO BOX 535  
LAWRENCEVILLE

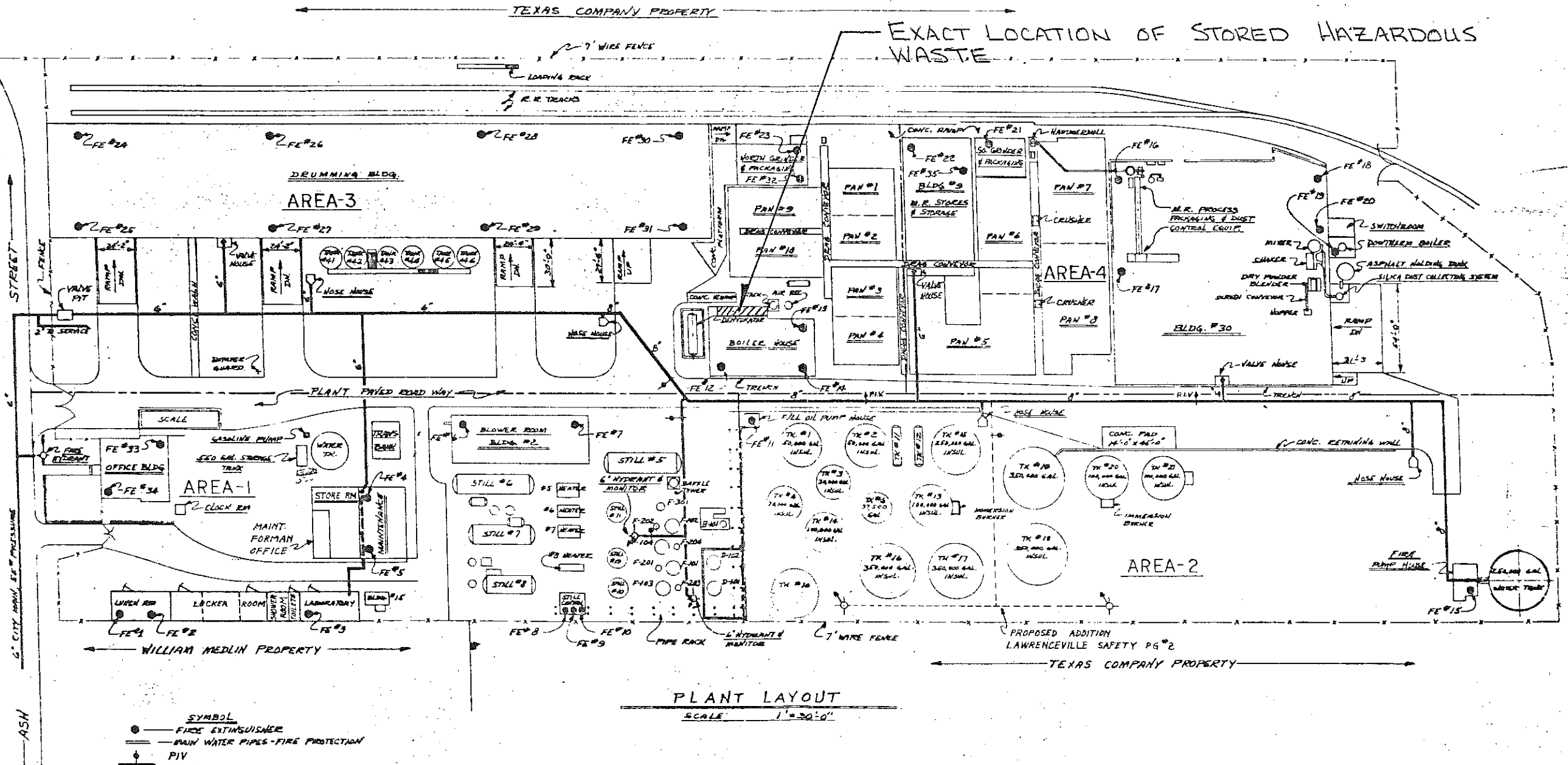
IL 62439

INSTALLATION ADDRESS

802 ASH ST  
LAWRENCEVILLE

IL 62439

- EXACT LOCATION OF STORED HAZARDOUS WASTE





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

10 NOV 1982

Mr. H. C. Goodwin, Plant Manager  
Witco Chemical Company  
Post Office Box 535  
Lawrenceville, Illinois 62439

RE: Request for Information--Hazardous Waste Permit  
Review (Raw Material Storage)  
FACILITY: Witco Chemical Company  
USEPA ID NO.: ILD 006 301 840

Dear Mr. Goodwin:

This is to acknowledge that the United States Environmental Protection Agency has completed reviewing your Part A Hazardous Waste Permit Application. Our review indicates your facility may not require a permit under §3005 of the Resource Conservation and Recovery Act; however, further clarification is needed.

Based on the information submitted, your facility appears to store only raw materials at your facility, and raw materials do not meet the definition of a solid waste. If this is the case, a permit is not required, and you may withdraw your permit application. Please submit your determination in writing, signed and certified by an authorized person in accordance with 40 CFR Part 122.6 (enclosed), requesting that your application be withdrawn.

If your review indicates that a permit is required, but certain information on your application is incorrect, please submit a revised Part A with the appropriate changes to this Regional Office. If no response is received in this office within 30 days, we will assume your facility requires a permit. Accordingly, we will continue to process your application.

If you have any questions, please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance. Please refer to "Request for Information--Raw Material Storage," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: Mr. M. MacBurney, General Manager

# Witco

## Organics Division

Witco Corporation, 6200 West 51st Street, Chicago, Illinois 60638  
Chicago (312) 767-8771 Suburbs (312) 458-0765 Cable Address: Witcochem

February 28, 1986

RCRA Activities  
Region V  
P.O. Box A3587  
Chicago, IL 60690

ILD 006 301840

Attention: ATKJG

Gentlemen:

In response to your questionnaire involving "Certification regarding Potential Releases from Solid Waste Management Units", I was advised by Mr. Jim Mayka (of your office) to submit a letter describing past and present waste practices at the facility (ILD074405150).

The facility does not operate any of the solid waste management units listed under question No. 1. No off-site waste is accepted for treatment, disposal or storage. The container storage area was previously shown in the Part A application.

There exists three sources of waste at the facility. The first source is generated at the plant's waste water treatment plant. All process and storm water is treated by the treatment plant prior to discharge to the public sewer system; this treatment generates a hydrated sludge. The sludge has been analyzed and classed as "Non-Hazardous-Special Waste". It is manifested and transported to the C.I.D. #2 Landfill in Calumet City, IL. There has been no release of waste from this operation.

The second source is a flammable waste generated during the production of Hydrotropes. The waste consists of an amount of solvent (Xylene) mixed with sulfones and water. The waste is drummed and stored on site until a truckload quantity is accumulated, at times in excess of ninety days. The waste is classed as "Hazardous", due to ignitability. It is manifested and transported to the E.W.R. facility in Coal City, IL. There has been no release of waste from this operation.

It is felt that the above descriptions will provide the information you require concerning this facility. If additional information is needed, please contact me.

Very truly yours,

WITCO CORPORATION

*Jacques V. de Journo*

Jacques V. de Journo  
Supervisor of Safety  
& Environmental Services

JVdeJ/bp

cc: L. McGreenera - Clearing  
A. Scivolette - Woodcliff  
H. Bikofsky - Woodcliff



**Pioneer Division**

Witco Chemical Corporation, 802 Ash Street, Lawrenceville, Illinois 62439 Telephone (618) 943-3341

October 22, 1980

Regional Project Officer  
EPA Region V  
RCRA Activities  
P. O. Box 7861  
Chicago, IL 60680

Dear Sir:

We are transmitting to you by attachment a corrected copy (subsequent notification) of the Notification of Hazardous Waste Activity form. Please note that in Section VI we have crossed off generation in addition to treat/store/dispose. Also please note that in Section IX, Subpart E, we have crossed off corrosive as well as toxic.

Will you please correct your records accordingly.

Very truly yours,

WITCO CHEMICAL CORPORATION  
Pioneer Division

A handwritten signature in dark ink, appearing to read "Hal C. Goodwin".

Hal C. Goodwin  
Plant Manager

HCG:pkx

Enclosure



**Pioneer Division**  
Witco Chemical Corporation, 277 Park Avenue, New York, N.Y. 10017  
(212) 872-4357

October 30, 1980

E. P. A.-Region V  
RCRA Activities  
P. O. Box 7861  
Chicago, Illinois 60680

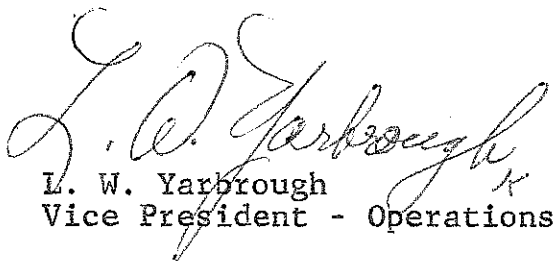
Gentlemen:

We have executed the attached permit application and maps required for Storage of Hazardous Wastes. These forms cover the Pioneer Division of Witco location at Lawrenceville, Illinois.

Included with the topographical map, are a blueprint entitled "General Plant Facilities" and E. P. A. forms 3510-1 (6-80) and 3510-3 (6-80). The Facility drawing included is Page 5 of form #3510 (6-80)

If there is any other information required, we shall be pleased to comply.

Very truly yours,

  
L. W. Yarbrough  
Vice President - Operations

k  
Enclosures

RECEIVED

NOV 4 1980

WASTE MANAGEMENT BRANCH  
EPA REGION V

NOV 14 1980

Certified Mail -  
Return Receipt Req.



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

Mr. Harvey L. Golubock, Vice President  
Witco Chemical Corporation  
802 Ash Street  
Lawrenceville, IL. 62439

RE: Withdrawal of Part A  
(Non-Hazardous Waste)  
FACILITY NAME: Witco Chemical Corporation  
USEPA ID No.: ILD 006 301 840

Dear Mr. Golubock:

This to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of November 18, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, the wastes which are treated, stored or disposed at your facility are not defined as a hazardous waste in 40 CFR 261.3. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with any applicable State and local requirements.

You will retain your USEPA Identification number if you notified that the facility is a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Non-Hazardous Waste)," in all telephone contacts and correspondence.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

cc: Mr. H.C. Goodwin, Plant Manager

ILEPA ✓



Witco

Pioneer Division

Witco Chemical Corporation, 802 Ash Street, Lawrenceville, Illinois 62439 Telephone (618) 943-3341

November 18, 1982

RECEIVED

DEC 1 1982

WASTE MANAGEMENT BRANCH  
EPA, REGION V

Mr. Karl J. Klepitsch, Jr., Chief  
Waste Management Branch  
U.S. Environmental Protection Agency  
Region V  
111 West Jackson Blvd.  
Chicago, IL 60604

Re: Request for information - Raw material storage  
Facility: Witco Chemical Corporation  
Lawrenceville, Illinois  
USEPA ID No.: ILD 006 301 840 G, TSD, PA

Dear Sir:

This is to acknowledge receipt of your letter dated 10 November, 1982 and to furnish documentation on the conversation between your Mr. David Homer and our Plant Manager, Mr. H. G. Goodwin.

As stated to Mr. Homer, the manufacturing facilities at Lawrenceville, Illinois do not store at the present time or generate any hazardous materials as defined in RCRA regulations. In 1980 we were made aware that a heating oil medium known by the trade name of Dowtherm "G" could possibly be contaminated with an excess amount of PCB's and/or MCB's. A laboratory analysis verified this information. The contaminated Dowtherm "G" was supplied from another facility and was not a product of our manufacturing operation at either facility. When we became aware of this problem we immediately instituted steps to comply with all pertinent regulations in force at that time to remove the substance from our facility. The equipment concerned was thoroughly cleaned and the contaminated Dowtherm was disposed of by incineration in the Ensco plant at Eldorado, Arkansas this year.

Consequently, based on the above, we have no hazardous or toxic chemicals in storage at this facility with the exception of one 900 KVA electrical transformer which is charged with inerteen. We are aware of regulations concerning the disposal of this transformer if and when required. However at the present time the transformer does not leak and it is in very good operating condition.

Based upon all the data supplied to you, we ask that you resend our application for a permit as required under Section 3005 of the Resource, Conservation and Recovery Act. If there are any changes in the future which might mean we would have to comply with this act, you would be immediately notified.

12/06/82

Mr. Karl J. Klepitsch, Jr., Chief  
November 18, 1982  
Page 2

Sincerely yours,

WITCO CHEMICAL CORPORATION  
Pioneer Division

A handwritten signature in dark ink, appearing to read 'H. Golubock', is written over the printed name.

Harvey L. Golubock  
Vice President

**Witco**

Witco Chemical Corporation, 520 Madison Avenue, New York, NY 10022 Telephone (212) 605-3800

*ADDITIONAL INFORMATION  
IS FILED WITH  
MID 081 001 122*

May 10, 1983

Regional Administrator  
"Attention: RCRA Financial Requirements"  
Environmental Protection Agency  
230 South Dearborn Street  
Chicago, IL 60604

RECEIVED  
MAY 17 1983

WASTE MANAGEMENT  
BRANCH

I am the Chief financial officer of Witco Chemical Corporation, 520 Madison Avenue, New York, N. Y. 10022. This Letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage as specified in Subpart H of 40 CFR Parts 264 and 265.

The owner or operator identified above is the owner or operator of the following facilities for which liability coverage is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265:



U.S. ENVIRONMENTAL PROTECTION AGENCY

# NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

INSTALLATION'S EPA I.D. NO.	FEDERAL	label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
I. NAME OF INSTALLATION	WITCO CHEMICAL CORPORATION P. O. BOX 535 LAWRENCEVILLE, IL 62439	00630100
II. INSTALLATION MAILING ADDRESS	WITCO CHEMICAL CORPORATION P. O. BOX 535 LAWRENCEVILLE, IL 62439	00630100
III. LOCATION OF INSTALLATION	WITCO CHEMICAL CORPORATION P. O. BOX 535 LAWRENCEVILLE, IL 62439	00630100

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER															
APPROVED															
DATE RECEIVED (yr., mo., & day)															
I L D 0 0 6 3 0 , 8 4 0 2 1															
17 - - 22															

[illegible]

STREET OR P.O. BOX

E														
3	P	O	B	O	X	5	3	5						
15 16 45														
CITY OR TOWN													ST.	ZIP CODE
E														
4	L	A	W	R	E	N	C	E	V	I	L	L	E	
15 16													IL	62439
													60	61 62 67

## STREET OR ROUTE NUMBER

CITY OR TOWN															ST.		ZIP CODE				
5	8	0	2	A	S	H	S	T	R	E	E	T									
6	L	A	W	R	E	N	C	E	V	I	L	L	E								
															I	L	6	2	4	3	9


## NAME AND TITLE (last, first, &amp; job title)

[illegible]

## A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL M = NON-FEDERAL		<input checked="" type="checkbox"/> 57 A. GENERATION	<input type="checkbox"/> 58 B. TRANSPORTATION (complete item VII)
		<input checked="" type="checkbox"/> 59 C. TREAT/STORE/DISPOSE	<input type="checkbox"/> 60 D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION** (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR      ☐ B. RAIL      ☐ C. HIGHWAY      ☐ D. WATER      ☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input type="checkbox"/> A. FIRST NOTIFICATION		<input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)		C. INSTALLATION'S EPA I.D. NO.									
				I L D 0 0 6 3 0 1 8 4 0									

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

~~OCT 22 1980~~

I.D. - FOR OFFICIAL USE ONLY												
5	6	7	8	9	10	11	12	13	14	15	16	17
1	2	3	4	5	6	7	8	9	10	11	12	13

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	24	25	26	27	28
7	8	9	10	11	12
23	24	25	26	27	28

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	24	25	26	27	28
19	20	21	22	23	24
23	24	25	26	27	28
25	26	27	28	29	30
23	24	25	26	27	28

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	24	25	26	27	28
37	38	39	40	41	42
23	24	25	26	27	28
43	44	45	46	47	48
23	24	25	26	27	28

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	24	25	26	27	28

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

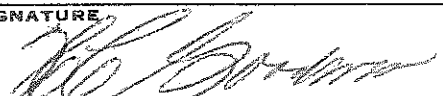
☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) H. C. GOODWIN, PLANT MANAGER	DATE SIGNED 10-22-80
--	---	-------------------------



W	I	L	D	0	0	6	3	0	1	8	4	0	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	23	23	23	23	23
26	26	26	26	26	26
7	8	9	10	11	12
23	23	23	23	23	23
26	26	26	26	26	26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	23	23	23	23	23
26	26	26	26	26	26
19	20	21	22	23	24
23	23	23	23	23	23
26	26	26	26	26	26
25	26	27	28	29	30
23	23	23	23	23	23
26	26	26	26	26	26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	23	23	23	23	23
26	26	26	26	26	26
37	38	39	40	41	42
23	23	23	23	23	23
26	26	26	26	26	26
43	44	45	46	47	48
23	23	23	23	23	23
26	26	26	26	26	26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	23	23	23	23	23
26	26	26	26	26	26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D004)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

James E. Johnston

JAMES E. JOHNSTON ASST. PLT. Major

8/20/80



FORM 1		ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		F I L D 0 0 6 3 0 1 8 4 0	
LABEL ITEMS		Consolidated Permits Program		T/A C	
		(Read the "General Instructions" before starting.)		D	
I. EPA I.D. NUMBER		ILD 006301840		GENERAL INSTRUCTIONS	
III. FACILITY NAME		WITCO CHEMICAL CORP.		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. MAILING ADDRESS		P.O. BOX 535			
VI. FACILITY LOCATION		LAWRENCEVILLE, IL 62439			
		802 ASH STREET			
		LAWRENCEVILLE, IL 62439			
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES NO FORM ATTACHED		YES NO FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 WITCO CHEMICAL CORP					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 GOODWIN H C PLANT MANAGER					
B. PHONE (area code & no.)					
6 1 8 9 4 3 3 3 4 1					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P.O. BOX 535					
B. CITY OR TOWN					
4 LAWRENCEVILLE					
C. STATE					
IL					
D. ZIP CODE					
6 2 4 3 9					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 802 ASH STREET					
B. COUNTY NAME					
LAWRENCE COUNTY					
C. CITY OR TOWN					
6 LAWRENCEVILLE					
D. STATE					
IL					
E. ZIP CODE					
6 2 4 3 9					
F. COUNTY CODE (if known)					

NOV 14 1980



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	2	9	9	9	(specify)	ASPHALTIC PRODUCTS	C	7	2	9	5	2	(specify)	ASPHALT COATINGS				
15	16	17	18	19				15	16	17	18	19							
C. THIRD										D. FOURTH									
C	7					(specify)		C	7					(specify)					
15	16	17	18	19				15	16	17	18	19							

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?																													
C	8	W	I	T	C	O	C	H	E	M	I	C	A	L	C	O	R	P	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	55																					
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) CORPORATION										C A 2 1 2 8 7 2 4 2 0 0																			
E. STREET OR P.O. BOX										F. CITY OR TOWN										G. STATE										H. ZIP CODE									
P O BOX 4 4 9 7										NEW YORK										NY										1 0 1 6 3									
26										15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32										40 41 42 43 44 45 46 47 48 49 50 51 52																			
IX. INDIAN LAND										Is the facility located on Indian lands?																													
B										NEW YORK										NY										1 0 1 6 3									
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32										40 41 42 43 44 45 46 47 48 49 50 51 52										52																			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																							

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	9	N								C	9	P							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	9	U								C	9								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	9	R								C	9								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
1 0 1 0 1 5 A A I										(specify)									
111. E.P.A. AIR PERMITS																			

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

WITCO CHEMICAL CORP., PIONEER DIVISION, LOCATED IN LAWRENCEVILLE, ILLINOIS, IS A PRODUCER OF ASPHALTIC PRODUCTS; SERVING INDUSTRIES FROM ROOFING TO TRANSFORMERS TO RUBBER PLANTS.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
M. MacBURNY, GENERAL MGR. PIONEER DIV.	<i>M. MacBurny</i>	10/29/80

## COMMENTS FOR OFFICIAL USE ONLY

C																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

FORM <b>3</b> RCRA		ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER FILED006301840 T/A C 1
--------------------------	--	--	--

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr, mo, & day)	
23	24	25

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr, mo, & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

THIS FACILITY HAS BEEN IN OPERATION SINCE THE EARLY 1900'S. OPERATING UNDER A CANADIAN NAME PRIOR TO 1926.

**B. REVISED APPLICATION** (place an "X" below and complete item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided: Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	DUP										T/A	C	I
C											13	14	15
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY		LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY			
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)					1. AMOUNT	2. UNIT OF MEASURE (enter code)				
X-1	S 0 2	600	G			5							
X-2	T 0 3	20	E			6							
1	S 0 1	1250	G			7							
2						8							
3						9							
4						10							

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
W I L D 0 0 6 3 0 1 8 4 0															W DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																								
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES													
											1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
1	D	0	0	0	10,000 *				P		S	0	1	AS PER TSCA REGULATIONS WE ARE STORER OF PCB										
2														CONTAMINATED DOWTHERM G (WHICH										
3														WAS DRAINED FROM A HEAT TRANSFER										
4														UNIT) DUE TO PCB CONCENTRATION										
5														BEING ABOVE EPA GUIDELINE OF 500										
6														PPM. WE WILL CONTINUE TO STORE										
7														SAID MATERIAL UNTIL THE EPA LI-										
8														CENSES A HIGH TEMP INCINERATOR TO										
9														DISPOSE OF SAME.										
10														* THIS QUANTITY IS A ONE TIME,										
11														NOT TO BE AGAIN GENERATED,										
12														AMOUNT.										
13																								
14	D	0	0	2	5,000				P		S	0	1	STORING OFF-SPEC PRODUCTS IN										
15														DRUMS.										
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								

## IV. DESCRIPTION OF HAZARDOUS WASTES

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	0	6	3	0	1	8	4	0	T/A/C	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

3	8	4	3	6
45 - 46	47 - 48	49 - 50	51 - 52	53 - 54

8	7	4	0	4	6
55 - 56	57 - 58	59 - 60	61 - 62	63 - 64	65 - 66

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
E	W	I	T	C	O	C	H	E	M	I	C	A	L	C	O	R	P.
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
F	P	O	.	B	O	X	4	4	9	7					
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

M. MacBURNAY

M. MacBurnay

10/29/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

M. MacBURNAY

M. MacBurnay

10/29/80

TO: <i>H.C. Goodwin</i> <i>Plant Manager</i>		(Record of item checked above)	
FROM: <i>Penny Rosenwinkel</i>		DATE: <i>12-1-81</i>	
SUBJECT: <i>Facility I.D.# / Facility Name</i>		TIME: <i>9:05</i>	

*Facility I.D.# / Facility Name* *ILD006301840 / Nitco Chemical*

SUMMARY OF COMMUNICATION  
*Verify signature - skay (Harvey Golubock 618-943-3341*  
*IS now V.P.) 353-4401 FTS*

*D000 is an invalid waste code*

*waste is PCB only - reg. under TSCA,*  
*not RCRA.*

*non-handler*

CONCLUSIONS, ACTION TAKEN OR REQUIRED

*non-regulated*

H.C. GOODWIN, Plant Manager  
WITCO CHEMICAL COMPANY  
P.O. Box 535  
LAURENCEVILLE, IL 62439

RCRA ACTIVITIES

RE: Request for Information--Hazardous Waste  
Permit Review (Non-Hazardous Waste)  
FACILITY NAME: WITCO CHEMICAL COMPANY  
USEPA ID NO.: ILD 006 301890

Dear Mr. Goodwin:

This letter serves to acknowledge that the United States Environmental Protection Agency (USEPA) has processed your Part A Hazardous Waste Permit Application. Our review indicates your facility may not require a permit under §3005 of the Resource Conservation and Recovery Act (RCRA); however, further clarification is needed.

Based on the information submitted, your facility appears to treat, store, or dispose of a non-hazardous waste. Wastes which exhibit characteristics of ignitability, corrosivity, reactivity, or EP toxicity as defined in 40 CFR Part 261 Subpart C, or which are listed in 40 CFR Part 261 Subpart D remain subject to regulation under RCRA.

Please reexamine your wastes pursuant to 40 CFR Part 262.11 (enclosed) and submit a revised Part A application to the Regional Office within 60 days if your waste is hazardous and regulated. If you find that your waste is not regulated, please withdraw your permit application. Your written withdrawal request, with a detailed explanation, must be signed and certified by an authorized person in accordance with 40 CFR Part 122.6 (enclosed). Withdrawal of the permit application will eliminate further mandated permit processing procedures. Unless we receive a reply within 60 days, we will assume that your waste is regulated and that your facility is subject to the interim status standards including the financial responsibility and Part B permit requirements.

Please contact the Technical, Permits, and Compliance Section at (312) 353-2197, for additional information and copies of blank Part A applications. Please refer to "Part A Application--Non-Hazardous Waste," in all telephone contacts and correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosures

cc: M. MacBURNIE, General Manager

send  
Raw Materials  
letter

H.C. GOODWIN, PLANT MANAGER  
WITCO CHEMICAL COMPANY  
P.O. Box 535  
LAURENCEVILLE, IL 62439

RCRA ACTIVITIES

no 4/23  
5

RE: Request for Information--Hazardous Waste Permit  
Review (Raw Material Storage)  
FACILITY: WITCO CHEMICAL COMPANY  
USEPA ID NO.: ILD 006 301 840

Dear MR. GOODWIN:

This is to acknowledge that the United States Environmental Protection Agency has completed reviewing your Part A Hazardous Waste Permit Application. Our review indicates your facility may not require a permit under §3005 of the Resource Conservation and Recovery Act; however, further clarification is needed.

Based on the information submitted, your facility appears to store only raw materials at your facility, and raw materials do not meet the definition of a solid waste. If this is the case, a permit is not required, and you may withdraw your permit application. Please submit your determination in writing, signed and certified by an authorized person in accordance with 40 CFR Part 122.6 (enclosed), requesting that your application be withdrawn.

If your review indicates that a permit is required, but certain information on your application is incorrect, please submit a revised Part A with the appropriate changes to this Regional Office. If no response is received in this office within 30 days, we will assume your facility requires a permit. Accordingly, we will continue to process your application.

If you have any questions, please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance. Please refer to "Request for Information--Raw Material Storage," in all correspondence on this matter.

Sincerely yours,

*Karl J. Klepitsch Jr.*

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: M. MacBURNAY, GENERAL MANAGER

OK  
DH  
10/18





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF  
5AHWM

EPA Identification Number: ILD006301840

Dear Notifier:

The U. S. Environmental Protection Agency (EPA) has received the notification (form 8700-12) which you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, 42 U.S.C. 6930. Our review of the notification shows that either all pertinent information was not included, it was illegible, or some question exists concerning final disposition of the notification. The box marked below will identify which applies, and the appropriate action on your part.



1. Pertinent information required was not included. Please complete the items circled in red.



2. The form was illegible. A new Notification Form is being returned to you for completion.



3. You have indicated you do not handle hazardous waste. If you will in the future, and would like an EPA Identification Number at this time, please resubmit the enclosed form completing the items circled in red. If you do not respond by the date indicated below your notification will be disregarded.

Please follow the instructions above returning the form and this letter to the following address by 9/15/80.

EPA Region V  
RCRA Activities  
P. O. Box 7861  
Chicago, Illinois 60680

Sincerely yours,

  
Regional Project Officer

RECEIVED  
AUG 20 1980  
Witco Chemical Corp.

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER I L D 0 0 6 3 0 1 8 4 0 3 1 0	
I. EPA I.D. NUMBER		III. FACILITY NAME		VI. FACILITY LOCATION	
V. FACILITY MAILING ADDRESS		VI. FACILITY LOCATION		VI. FACILITY LOCATION	
I. EPA I.D. NUMBER		III. FACILITY NAME		VI. FACILITY LOCATION	
V. FACILITY MAILING ADDRESS		VI. FACILITY LOCATION		VI. FACILITY LOCATION	
VI. FACILITY LOCATION		VI. FACILITY LOCATION		VI. FACILITY LOCATION	

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	WITCO CHEMICAL CORP
---	------	---------------------

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	GOODWIN H C PLANT MANAGER	618	943 3341

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	P.O. BOX 535	LAWRENCEVILLE	IL	62439	

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	802 ASH STREET	LAWRENCE COUNTY	LAWRENCEVILLE	IL	62439	101		

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST 2 9 9 9 (specify) ASPHALTIC PRODUCTS										B. SECOND 7 2 9 5 2 (specify) ASPHALT COATINGS									
C. THIRD (specify)										D. FOURTH (specify)									

III. OPERATOR INFORMATION

A. NAME WITCO CHEMICAL CORP																																																		B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE P (specify) CORPORATION																														D. PHONE (area code & no.) 2 1 2 8 7 2 4 2 0 0																													
E. STREET OR P.O. BOX P O BOX 4 4 9 7																																																											
F. CITY OR TOWN NEW YORK																														G. STATE NY					H. ZIP CODE 1 0 1 6 3					IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) N																														D. PSD (Air Emissions from Proposed Sources) 9 P																													
B. UIC (Underground Injection of Fluids) U																														E. OTHER (specify)																													
C. RCRA (Hazardous Wastes) R																														E. OTHER (specify) 1 0 1 0 1 5 A A I																													

I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

WITCO CHEMICAL CORP., PIONEER DIVISION, LOCATED IN LAWRENCEVILLE, ILLINOIS, IS A PRODUCER OF ASPHALTIC PRODUCTS, SERVING INDUSTRIES FROM ROOFING TO TRANSFORMERS TO RUBBER PLANTS.


III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) M. MacBURNY, GENERAL MGR. PIONEER DIV.																														B. SIGNATURE M MacBurny																				C. DATE SIGNED 10/29/80									
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COMMENTS FOR OFFICIAL USE ONLY

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FORM <b>3</b> RCRA		ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	EPA I.D. NUMBER <b>F I L D 0 0 6 3 0 1 8 4 0 3 1</b>									

FCR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
<div></div>	<div></div>

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)  
☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)  
☐ 2. NEW FACILITY (Complete item below.)

C 8	YR. 73 74	MO. 01 02	DAY 01 02	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	THIS FACILITY HAS BEEN IN OPERATION SINCE THE EARLY 1900'S. OPERATING UNDER A CANADIAN NAME PRIOR TO 1926.	YR. 73 74	MO. 75 76	DAY 77 78	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)  
☐ 1. FACILITY HAS INTERIM STATUS  
☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.  
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY		
16	18	19	27	28	29	30	32		
X-1	S 0 2	600	G	5					
X-2	T 0 3	20	E	6					
1	S 0 1	1250	G	7					
2				8					
3				9					
4				10					
16	18	19	27	28	29	30	32		

# PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

## DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 10 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

CONTINUE ON REVERS

continued from the front.

DESCRIPTION OF HAZARDOUS WASTES

ued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
I	L	D	0	0	6	3	0	1	8	4	0
											T/A C
											3 6

FACILITY DRAWING

Existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

Existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

I. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
3	8	4	3	0	6	6					0	8	7	4	0	4	6	460	
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	

II. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
WITCO CHEMICAL CORP.										2 1 2 - 8 7 2 - 4 2 0 0									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
P.O. BOX 4497										NEW YORK									
5. ST.										6. ZIP CODE									
N Y										1 0 1 6 3									

OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
MacBURNAY	<i>M. D. MacBurney</i>	10/29/80

OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
MacBURNAY	<i>M. D. MacBurney</i>	10/29/80

CERTIFICATION REGARDING POTENTIAL RELEASES FROM  
SOLID WASTE MANAGEMENT UNIT

FACILITY NAME: WITCO CORPORATION  
EPA I.D. NUMBER: ILD074405150  
LOCATION CITY: CHICAGO  
STATE: ILLINOIS

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION

	<u>YES</u>	<u>NO</u>
• Landfill	<u>      </u>	<u>      </u>
• Surface Impoundment	<u>      </u>	<u>      </u>
• Land Farm	<u>      </u>	<u>      </u>
• Waste Pile	<u>      </u>	<u>      </u>
• Incinerator	<u>      </u>	<u>      </u>
• Storage Tank (Above Ground)	<u>      </u>	<u>      </u>
• Storage Tank (Underground)	<u>      </u>	<u>      </u>
• Container Storage Area	<u>      </u>	<u>      </u>
• Injection Wells	<u>      </u>	<u>      </u>
• Wastewater Treatment Units	<u>      </u>	<u>      </u>
• Transfer Stations	<u>      </u>	<u>      </u>
• Waste Recycling Operations	<u>      </u>	<u>      </u>
• Waste Treatment, Detoxification	<u>      </u>	<u>      </u>
• Other <u>                    </u>	<u>      </u>	<u>      </u>

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed of and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions and location at facility. Provide a site plan if available.

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.



3. For the units noted in Number 1 above and also those hazardous waste units in your Part A application, please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or may still be occurring.

Please provide the following information

- a. Date of release
- b. Type of waste released
- c. Quantity or volume of waste released
- d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)

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4. In regard to the prior or continuing releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases. Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

J.V. de Journo - Supv. Safety & Environmental Services  
Typed Name and Title

J.V. de Journo  
Signature

February 28, 1986  
Date